



# ENCOUNTER KEYS



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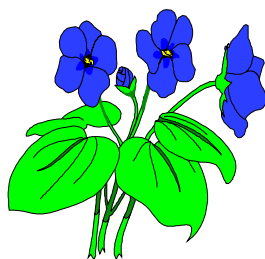
## FTP/TAPES & TRANSMITTALS

### Sign the Memo to Stop the Provider & Reference Tapes

**A** memorandum dated April 29, 1999 was distributed to all Health Plans and Program Contractors to announce the availability of Provider and Reference data on the AHCCCS FTP server. This memo, upon return to AHCCCS, will authorize AHCCCSA to discontinue generating magnetic tapes for your Plan.

Plans/Contractors should find this electronic option a much more convenient way to receive data. You may even save money on courier services and magnetic tape purchases!

Please provide the appropriate signatures on the bottom portion of the memo. Remember to give a specific date to receive the last Provider and Reference Tape. If there are any questions or concerns, please contact Lois Golden at (602) 417-4140.



**"Earth laughs in flowers."  
Ralph Waldo Emerson**



## PENDED ENCOUNTERS

### Too Many Pended Encounters for Error Code S385?

**T**he number of units for a service submitted on an encounter will cause an encounter to pend when the number exceeds the upper limit of the expected units defined for that service. For example, if the number of units submitted on an encounter is 5 and the upper limit of the expected number of units is 4, the encounter will pend since the 5 units submitted exceeds the 4 units defined for that service.

The upper limit of the expected number of units is defined for each service by a nurse/coding team in the Office of the Medical Director. This team sets the parameters for encounters and the Administration's Fee-For-Service claims. Parameters for the expected number of units are on the reference tables used by both encounters and claims.

If you believe the upper limit is set too low for your S385 pended encounters, please submit supporting evidence to your AHCCCSA Technical Assistant to revise the upper limit. If the CPT/HCPCS coding manuals indicate how units are to be billed with the service, please follow those coding manual guidelines. For example, DME providers may submit monthly service and units with just one date of service submitted on the encounter. Parameters were revised to accept DME encounters with monthly services and units on one date of service.

If you have any further questions regarding the error code S385, please contact your Technical Assistant.



## Missing or Invalid Data on Encounters

Many New Day Encounters are submitted without all the appropriate fields completed. If an encounter is submitted with missing or invalid data, the encounter will pend. To reduce the number of pended encounters, please accurately submit all required encounter data elements.



## Partial Hospitalization Encounters for QMB Duals

Effective for dates of service on and after 10/1/96, and for billing of partial hospitalization services for QMB dual eligible only, the following AHCCCS registered provider types are allowed:

- 02 Hospital
- 52 Mental Health Clinic
- 71 Psychiatric Hospital
- 74 Supervised Residential Facility
- 77 Mental Health Rehabilitation Facility
- 78 Residential Treatment Center

Medicare requires that hospitals use bill type 13X or 14X and that mental health centers should bill monthly using bill type 76X.

Acceptable revenue and HCPCS codes are listed below. These are the ONLY codes allowable by Medicare when billing partial hospitalization services:

Revenue Code	Description	HCPCS
250	Drugs + Biological	HCPCS + units not req'd
43X	Occup. Therapy	Q0109, Q0110, 97530, 97535, 97537, 97770
904	Activity Therapy	Q0082
910	Psychiatric/Psychol. Services	90801, 90820, 90875, 90876, 90899, 97770
914	Individual Therapy	G0083, G0085, G0087, G0089, G0091, G0093
915	Group Therapy	90849, 90853, 90857
916	Family Therapy	90846, 90847, 90849
918	Testing	96100, 96110, 96111, 96115, 96117
942	Education/Training	HCPCS not req'd.

Professional services by a MD, DO, PA, psych. nurse practitioner, and psychologist can still be billed independently of the partial hospitalization "bundle".

Information regarding partial hospitalization billing may be found in Medicare's Newsletter, "Medicare Update", Vol. 3, No. 11; Nov. - Dec. 1997.



## Reference Table Updates and Changes

Listed below are diagnosis age limit and procedure code service limit changes.

Code	Description	Revised Age Limits
759.81	Prader-Willi Syndrome	000 Minimum - -099 Maximum
765.1	Other Preterm Infants	000 - Minimum - 001 Maximum This code is listed as a newborn diagnosis. (A 5 <sup>th</sup> digit is needed to indicate birthweight. Refer to the ICD-9 Coding Manual).

Code	Description	Daily	Limit 1
A4351	Catheter, Straight tip	100	100/month
A4352	Catheter, curved tip	100	100/month
E0443	02, portable	5	
J9045	Carboplatin, 50 mgm	20	20/1 month
L4310	Multi-podus splint	2	2/day, 2/6 mos.
93320	Doppler electrocard	2	
G0004-G0007	Patient Demand Single Or Multiple Event Recording	1	1/30 days
G0014-G0015	Post-Symptom Telephonic Transmission Of Electrocardiogram	1	1/30 days



"True strength is delicate."

Louise Nevelson

## Encounter Project List Update

AHCCCSA programmers are working on the following projects to improve encounter submissions and data quality.

### COMPLETED

1.	Medicare edit bypass on outpatient UB ancillary only revenue codes
2.	Edit to pend inpatient UB if only accommodation and total revenue code present
3.	Physician Fee Schedule update on Web Page

### ALMOST COMPLETED

1.	Encounter reference screens availability for Health Plans
2.	Edit to permit zero billed follow-up services in global period and vaccines under VFC
3.	Mapping of ASC X12N and NCPDP fields to PMMIS database

### WORK IN PROGRESS

1.	Edit to allow encounter operations flexibility to adjudicate specific pending encounters
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## Dilemmas

The current dilemmas are listed below. These error codes will not be sanctioned.

Edit Code	Description
P227	COS Assignment Not Found For Service Code
T020	Accommodation Days Cannot Span More Than 2 Tiers
T030	ICU With Nursery Not A Logical Split



“They also serve who only stand and wait.”

John Milton

## Fee-For-Service Fee Schedule Available on Web

The AHCCCS Fee-For-Service Fee Schedule, containing rates effective April 1, 1999, is now available on the AHCCCS web page.

Find the Schedule at

<http://www.ahcccs.state.az.us/content/resources/publications/feeschedules.htm>; it is referred to as the “Physician Rate Schedule Update.”

The Fee-For-Service Fee Schedule includes Level 1 (physician services) and Level 2 (DME, supplies and dental) HCPCS codes. This is the same schedule that was distributed in April 1999. Please call Shelli Silver, Research Administrator, at 417-4647 with any questions.



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Encounter Keys can be found on the AHCCCSA web page.  
<http://www.ahcccs.state.az.us/content/resources/publications/>

